

SERFF Tracking Number:	GARD-127092902	State:	Arkansas
Filing Company:	The Guardian Life Insurance Company of America	State Tracking Number:	48320
Company Tracking Number:			
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	PTUL 2011		
Project Name/Number:	PTUL 2011/11-PTUL		

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: PTUL 2011

SERFF Tr Num: GARD-127092902 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life

SERFF Status: Closed-Approved-Closed State Tr Num: 48320

Sub-TOI: L09I.001 Single Life

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Lisa Capella, Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Monica Wilson, Carline Hamilton, Kathleen Tobin

Disposition Date: 03/29/2011

Date Submitted: 03/23/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PTUL 2011

Status of Filing in Domicile:

Project Number: 11-PTUL

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/29/2011

State Status Changed: 03/29/2011

Deemer Date:

Created By: Kathleen Tobin

Submitted By: Peter Diggins

Corresponding Filing Tracking Number:

Filing Description:

Re: The Guardian Life Insurance Company of America

NAIC #: 429-64246 FEIN #: 13-5123390

Corrections to Application for Life Insurance, Form PT-AP-2011 AR (Dept File No. 47887)

SERFF Tracking Number: GARD-127092902 *State:* Arkansas
Filing Company: The Guardian Life Insurance Company of *State Tracking Number:* 48320
America
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: PTUL 2011
Project Name/Number: PTUL 2011/11-PTUL

We are enclosing for your review and approval 1 new application form, which makes some corrections to the above application. It is substantially similar to the previously approved version.

In order to facilitate the review of this application we have attached a document comparing the application sent with the previously approved filing to the revised application being submitted for approval with this filing.

We plan on implementing this application upon receipt of your Department's approval. Since we have not used the previously approved application, we are requesting that we be able to keep the same form number.

The Application for Life Insurance will be used when applying for any of our previously approved pension trust series of policies. It contains the usual sections for insured, owner, beneficiary information, information about the specific plan of insurance being requested, some basic questions about the insured, and a representations section.

We are enclosing any other certifications, transmittals, etc. that are required for this filing.

The enclosed form will be laser-emitted or pre-printed with the language identical to that approved by your state. We reserve the right to change duplex printing, line location of sentences and words, and the type font (but not the point size) of the form without resubmitting them for approval.

I hope this information is satisfactory and that we may receive your Department's approval of this submission at your earliest convenience. If you have any questions or concerns over this submission, please feel free to contact me at (212) 598-7436.

Sincerely,

Peter Diggins, Director
Individual Life

SERFF Tracking Number:	GARD-127092902	State:	Arkansas
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Product Name:	PTUL 2011		
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Company and Contact

Filing Contact Information

Lisa Capella, Specialist	lcapella@glic.com
7 Hanover Square	212-598-1321 [Phone]
New York, NY 10004	212-919-2592 [FAX]

Filing Company Information

The Guardian Life Insurance Company of America	CoCode: 64246	State of Domicile: New York
7 Hanover Square	Group Code: 429	Company Type: Life
New York, NY 10004	Group Name:	State ID Number:
(212) 598-8704 ext. [Phone]	FEIN Number: 13-5123390	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form x \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$50.00	03/23/2011	45898519

SERFF Tracking Number:	GARD-127092902	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/29/2011	03/29/2011

SERFF Tracking Number:	GARD-127092902	State:	Arkansas
Filing Company:	The Guardian Life Insurance Company of America	State Tracking Number:	48320
Company Tracking Number:			
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.00I Single Life
Product Name:	PTUL 2011		
Project Name/Number:	PTUL 2011/11-PTUL		

Disposition

Disposition Date: 03/29/2011

Implementation Date:

Status: Approved-Closed

Comment: This filing replaces the original submission State Tracking number 47887 approved 2/18/11 under SERFF Tracking number GARD-126939085.

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-127092902 State: Arkansas

Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 48320

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: PTUL 2011

Project Name/Number: PTUL 2011/11-PTUL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Compare Document		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number: GARD-127092902 State: Arkansas

Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 48320

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: PTUL 2011

Project Name/Number: PTUL 2011/11-PTUL

Form Schedule

Lead Form Number: PT-AP-2011 AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PT-AP-2011 AR	Application/ Enrollment Form	Application for Life Insurance	Initial	53.300	PT-AP-2011 AR.pdf



THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

Customer Service Office – [3900 Burgess Place Bethlehem, PA 18017]

APPLICATION FOR LIFE INSURANCE – Part 1

Please print

(Page 1 of 7)

SECTION A Proposed Insured (or Annuitant) Information

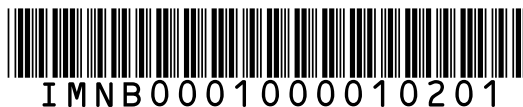
1. First Name _____ MI _____ Last Name _____
2. Social Security # _____
3. Sex ☐ Male ☐ Female
4. Date of Birth (mm/dd/yyyy) _____
5. Place of Birth _____
6. Are you a U.S. citizen? ☐ Yes ☐ No (If no, please complete Foreign Travel and Residence Questionnaire)
7. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
8. Driver's License Number _____ Driver's License State _____
(if none, provide a government photo ID number, issuer and expiration date in Remarks section)
9. Address (Do not use P.O. Box) _____
City _____ State _____ Zip _____
10. How long at this address? _____ (If less than 2 years at current address, please provide prior address in Remarks section)
11. Home phone _____
12. E-mail address _____
13. Telephone Interview – if more information is needed, a representative may call you. Show the most convenient place and range of times for such a call weekdays between the hours of 9:00 a.m. and 9:00 p.m.
☐ Home ☐ Business ☐ Other – Phone _____ Times _____

SECTION B Employment Information

1. Name of Employer _____
2. Address _____
City _____ State _____ Zip _____
Business Phone _____ Business Web Site _____
3. If address is P.O. Box, include street address as well:
Address _____
City _____ State _____ Zip _____
4. Occupation _____
5. Job Title _____
6. Nature of Business _____
7. How many years at current job? _____ (If less than 2 years, please furnish all of the above information for the previous employer in the Remarks section)

SECTION C Pension Plan Information

1. Name of Pension Plan _____
2. Type of Pension Plan (e.g. Defined Benefit) _____
3. ☐ New Plan ☐ Existing Plan (New to Guardian) ☐ Additions or Increases to Existing Guardian Plan



SECTION D Owner Information*(Complete only if the proposed insured is NOT to be the policyowner)*

1. Name of trust: _____
2. Tax ID No. _____
3. Relationship to proposed insured _____
4. Street Address _____
5. Telephone Number _____
6. Tax Qualified Plan? ☐ Yes ☐ No
7. Date of Trust _____
8. Complete Names of Authorized Trustees (Note, list all trustees if more than one) _____

SECTION E Beneficiary Information

Print full name and relationship to Proposed Insured. (Unless otherwise indicated, all Primary Beneficiaries who survive the Insured shall share equally. If no Primary Beneficiary survives the Insured, benefits will be paid in equal shares to the Contingent Beneficiaries, etc., if surviving the Insured, unless otherwise specified).

1. Primary Beneficiary _____

2. Contingent Beneficiary _____

SECTION F Existing Insurance/Replacement on Proposed Insured

Does the owner have any existing life insurance policies or annuity contracts in force on any of the proposed insureds? ☐ Yes (please list below) ☐ No *(If "Yes", please complete appropriate state replacement form for each such insured.)*

A. Life insurance policies

<u>Name of Company</u>	<u>Year Issued</u>	<u>Amount</u>	<u>Personal or Business</u>	<u>Accidental Death Amt</u>	<u>Waiver of Premium</u>	<u>GIO Amt</u>
_____	_____	_____	<input type="checkbox"/> Per. <input type="checkbox"/> Bus	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Per. <input type="checkbox"/> Bus	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Per. <input type="checkbox"/> Bus	_____	_____	_____

B. Annuity contracts

<u>Name of Company</u>	<u>Year Issued</u>	<u>Waiver of Premium</u>
_____	_____	_____
_____	_____	_____

SECTION G Proposed Insurance (for PTR A use next Section)

a. Plan of Insurance _____ Base Policy Face Amount \$ _____

b. Riders

Traditional Life/Term Riders (Notes: No riders are allowed in Defined Benefit Plans. Option Q and R riders are elected in the Dividends Section. Also, only the ADB, Waiver and EPUA riders are available on Guaranteed Issue products. If other riders are elected on a GI policy, they will not be issued with that policy.)

- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Premium (WP)
- ☐ Scheduled/Unscheduled Paid-Up Additions (EPUA) Rider ☐ Unscheduled Only Paid-Up Additions (EPUA) Rider
- If a Scheduled PUA Payment is desired, indicate annual amount \$ _____
- If an Initial PUA Payment is to be made, indicate amount (not including first Scheduled payment) \$ _____
- If Waiver of Specified Amount benefit is requested, indicate annual Specified Amount \$ _____
- ☐ Guaranteed Purchase Option (GIO)/Whole Life Purchase Option Option Amount: \$ _____
- ☐ Accelerated Benefit Rider (EABR/ABR) (please complete required disclosure form)
- ☐ 10 Year Annually Renewable Term (RTR-10) Term Amount: \$ _____
- ☐ DuoGuard (List names & amounts for Designated Lives. Complete a separate application for each Designated Life.)
- | Name of Designated Life | Amount | Name of Designated Life | Amount |
|-------------------------|----------|-------------------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

Universal Life Riders

- ☐ Additional Sum Insured (Do NOT include this amount in Base Face Amount shown above) \$ _____
- ☐ Secondary Guarantee Coverage Rider
- ☐ Alternate Net Cash Surrender Value Benefit Rider
- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Monthly Deductions
- ☐ Disability Benefit Rider Monthly Specified Amount: \$ _____
- ☐ Guaranteed Insurability Option Option Amount \$ _____
- ☐ Accelerated Benefit Rider (EABR/ABR) (please complete required disclosure form)
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

SECTION H Retirement Annuity

1. Type of Annuity ☐ Single Premium ☐ Annual Premium 2. Premium _____
3. Amount of Monthly Income _____ 4. Age Annuity Payments Begin _____
5. For Annual Premium Annuity: ☐ Front-End Load ☐ Back-End Load (Surrender Charge)
6. Guarantee Period: ☐ Life Only ☐ Ten Years
7. At Maturity, Income Payments Payable to: ☐ Owner ☐ Annuitant
8. For Annual Premium Annuities, include Waiver of Premium? ☐ Yes ☐ No (note, WP is only available if a Pension Trust Whole Life policy with Waiver of Premium is being issued at the same time on the annuitant listed).

SECTION I Dividend Options (for participating policies only)

- ☐ A- Paid in cash (cash will be paid to the Plan)
☐ B- Reduce premiums (This option should be elected for fully insured plans under IRC 412(e)(3))
☐ C- Left at interest (Complete W-9 form if elected)
☐ D- Paid-Up Additional Insurance (Option D will be the default option if no other is elected)
☐ Q- One Year Term Insurance not to exceed Target Face Amount* of \$ _____
☐ R- One Year Term Insurance with Increasing Target Face Amount* Initial Target \$ _____
 ☐ Level Increases % _____ ☐ Compound Increases % _____
☐ S- Premium Offset – (available only if a PUA rider is requested. Premiums to be offset at the end of the first policy year by use of PUA rider additions and future dividends) ☐ with Target Face Amount* not to exceed \$ _____
☐ U- Loan Repayment/Balance to Paid-up Additions
☐ Other _____

* Do not include the base policy face amount in the Target Face Amount. Also, these dividend options are not available for Guaranteed Issue products or PTWL3. If these options are elected for these products, the default dividend option (D) will be used instead.

SECTION J Premiums

- Mode
☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly (list bill only – this may not be available for all products)
☐ Guard-O-Matic (complete the appropriate Request Form)
 ☐ New Service ☐ Add to my existing service Existing Policy Number _____
☐ Other _____
- Who is to pay premiums? _____
- Premium notices will be sent to the owner's address indicated in Section D unless indicated here:

- For List Billing, please complete the following:
☐ New – Billing Name _____ Common billing date _____
☐ Existing account # _____
- Automatic Premium Loan (if available. Select "No" for fully insured plans) ☐ Yes ☐ No (if left blank, default will be Yes)
- Complete for UL policies:
 Initial Premium \$ _____ Planned Premium (at the mode indicated above) \$ _____
- Payment of Initial Premium (The Pension Trust must be established prior to submitting money)
☐ No money is being submitted with this application.
☐ Money is being submitted with this application, in the amount of \$ _____ for proposed life insurance in the amount of \$ _____ in exchange for the Conditional Receipt providing proposed conditional coverage for this amount of insurance only. Please see the Conditional Receipt for the circumstances under which money can be paid with this application, and Item (3) under "Conditions" in the Receipt for rules pertaining to the amount of life insurance that can be entered above.

SECTION K Additional Information for UL Policies

- Death Benefit Option** (Note, not all options may be available with all policies)
☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Other _____
- Section 7702 Test** (Note, the choice of 7702 Test may not apply to all policies)
 Section 7702 of the Internal Revenue Code defines Life Insurance and specifies the rules under which the growth of life insurance policy cash values are excludible from gross income. If the plan being applied for provides a choice of test under 7702 to qualify the policy as life insurance, please check one of the tests shown below. Once a test is elected, it cannot be changed. If there is a choice of Test and none is elected, the Guideline Premium Test will be used.
☐ Guideline Premium Test ☐ Cash Value Accumulation Test

SECTION L Actively At Work (Complete only for Guaranteed Issue policies)

1. Is the Proposed Insured currently employed by the Employer named above and currently engaged in active, full-time work (of at least 30 hours per week) in a normal capacity, at his/her customary place of employment?
☐ Yes ☐ No (Please provide details of any "no" answer)
2. During the 90 days preceding the date of this application, has the Proposed Insured been absent from work due to illness or injury (not including vacation, normal non-working days, or holidays) for either more than 3 consecutive days or more than a total of 5 days?
☐ Yes ☐ No (Please provide details of any "yes" answer)

SECTION M Simplified Underwriting Questions (Complete only for Simplified Issue policies)

These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers.

1. Height _____ Weight _____
2. Within the past ten years, have you been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any deficiency of the immune system such as Human Immunodeficiency Virus?..... ☐ Yes ☐ No
3. Have you ever had, been treated for or received a consultation or counseling for:
- i. Heart disease, stroke, chest pain, elevated blood pressure, heart murmur or any other disease or disorder of the heart or blood vessels?..... ☐ Yes ☐ No
- ii. Respiratory disorder, kidney disorder, diabetes, mental or emotional problems, disorder of the liver or other gastrointestinal organs, cancer or tumor of any kind, anemia or other disorder of the blood, disorder of the nervous systems or disorder of the reproductive organs?..... ☐ Yes ☐ No
- iii. Any condition not covered in (i) or (ii)? ☐ Yes ☐ No
4. Are you currently receiving medical care or taking medication? ☐ Yes ☐ No
5. Have you been advised within the past 5 years to have any diagnostic test, hospitalization, or surgery which has not been completed?..... ☐ Yes ☐ No
6. Have you ever used drugs other than as prescribed by a physician or had or been advised to have counseling or treatment for alcohol or drug use? ☐ Yes ☐ No
7. Have you smoked cigarettes in the past 12 months? ☐ Yes ☐ No
 (if you have quit, date last used: _____)
8. Have you used tobacco in any form in the last 24 months?..... ☐ Yes ☐ No
 If "No", have you used tobacco in any form in the last 48 months?..... ☐ Yes ☐ No
 (if you have quit, date last used: _____)
9. Do you currently use a nicotine patch or nicotine gum?..... ☐ Yes ☐ No
10. Within the last three years have you participated in, or do you intend to participate in, any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; or motor vehicle racing? (If yes to any, complete Aviation and/or Avocation Supplement.) ☐ Yes ☐ No

SECTION N Personal History of the Proposed Insured (Complete for Fully Underwritten policies)

(These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers.)

1. Do you intend to change your occupation?..... ☐ Yes ☐ No
2. Do you intend to reside or travel outside of the U.S.?..... ☐ Yes ☐ No
3. Within the past five years, have you been charged with and/or convicted of any motor vehicle moving violations or had your driver's license suspended or revoked? (If yes, details must include date of violation, description of violation and penalty.)..... ☐ Yes ☐ No
4. Within the last ten years, have you been convicted of a felony, or is such a charge pending against you?..... ☐ Yes ☐ No
5. Within the last three years have you participated in, or do you intend to participate in, any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; or motor vehicle racing? (If yes to any, complete Aviation and/or Avocation Supplement.) ☐ Yes ☐ No
6. Have you ever filed for personal or business bankruptcy? (If yes, give full details and date of discharge in Remarks section.) ☐ Yes ☐ No
7. Within the past five years, have you had disability, accident, medical or life insurance declined, postponed, modified, rated, cancelled or withdrawn a pending application, or had a renewal or reinstatement refused? ☐ Yes ☐ No

8.	Have you smoked cigarettes in the past 24 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	(If you have quit, date last used: _____)		
9.	Have you used tobacco in any form in the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	If "No", have you used tobacco in any form in the last 24 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	If "No", have you used tobacco in any form in the last 48 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	(If you have quit, date last used: _____)		
10.	Do you currently use a nicotine patch or nicotine gum?.....	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you plan to apply for or are you currently applying for any other life, disability or accident insurance? (In details, include amount and company applied with, and whether this other insurance will be in addition to or in lieu of insurance with Guardian.)	<input type="checkbox"/>	<input type="checkbox"/>

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

*Note: This section may only be used if **no** cash is being paid with the application. If cash is being paid, a separate application is needed for the alternate or additional plan.*

Details (Riders, Benefits, Dividend Option, etc.):

PT-AP-2011 AR

Application For Life Insurance – Part I (continued)

Representations of the Proposed Insured and Owner

(Page 7 of 7)

Those parties who sign below, agree that:

1. This application, (Part 1, Part 2, the SI or GI Consent Forms, if applicable, the Census, if applicable, and any other supplements to the application) will form the basis for, and become part of and attached to, any policy issued.
2. That all of the statements that are part of the application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them.
3. No agent, broker or medical examiner has any right to accept risks, make or change contracts, or to waive or modify any of the Guardian's rights or requirements. No information acquired by any Representative of the Guardian shall bind the Guardian unless it shall have been set out in writing in this application.
4. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment or may lead to rescission of any policy that is issued based on this application.
5. The policy date is the date from which premiums are calculated and become due. The effective date is the date the policy is delivered and the first premium is paid. Except as provided in the Conditional Receipt (if an advance payment has been made and acknowledged and such Receipt issued) coverage does not begin until the effective date assuming the first premium is paid during the lifetime and prior to any change in the health of the Proposed Insured.
6. Changes or corrections made by the Guardian and noted in the "Amendments or Corrections" section are ratified by the Owner upon acceptance of a policy containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.
7. By paying premiums on a basis more frequently than annually, the total premium payable during one year's time will be greater than if the premium were paid annually. That is, the cost of paying annualized periodic premiums will be more than the cost of paying one annual premium.
8. ☐ Check here if backdating to save age is being requested. Note that a request to backdate to save age can only be honored if permitted by state law. If not backdating to save age, but a specific policy date is being requested, please enter date here: _____

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed by Owner at: _____ on _____
City and State mm/dd/yyyy

X _____
Signature of Applicant/Owner if Other than Proposed Insured

X _____
Signature of Additional Owner

X _____
Signature of Proposed Insured

Date of Signature for Proposed Insured

X _____
Signature of Additional Owner

Witness (for applications taken by mail)

- ☐ Check here if this application was taken by mail. If application is taken by mail, the signature of the agent does not attest to the signature of the Proposed Insured or Owner if Other than the Proposed Insured.
- ☐ Check here if this application was taken in person. I certify that I have taken this application in the presence of the Proposed Insured and Owner (if Other than the Proposed Insured), and that I have truly and accurately recorded on this application the information supplied by the Proposed Insured and Owner (if Other than the Proposed Insured).

Signature of Licensed Agent

License Number(s)

Agent's Name

State(s) where licensed

SERFF Tracking Number:	GARD-127092902	State:	Arkansas
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Product Name:	PTUL 2011		
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
Readability for revised app.pdf		
Certificate of Compliance with Rule 19 and 49 for revised app.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
See form schedule		

	Item Status:	Status Date:
Satisfied - Item: Compare Document		
Comments:		
This is the document comparing the application previously approved to the application being submitted for approval with this filing.		
Attachment:		
Compare PT-AP-2011 AR to revised PT-AP 2011 AR.pdf		



STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: The Guardian Life Insurance Company of America

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application for Life Insurance	PT-AP-2011 AR	53.3

Name: Pete Diggins
Title: Director, Individual Markets
Date: March 22, 2011



**Certificate of Compliance with
Arkansas Rule and Regulation 19 and 49**

Insurer: **The Guardian Life Insurance Company of America**
Form Number(s):

Application for Life Insurance Form

PT-AP-2011 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and 49.

Signature of Company Officer

Pete Diggins

Name

Director

Title

March 22, 2011

Date



THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

Customer Service Office – [3900 Burgess Place Bethlehem, PA 18017]

APPLICATION FOR LIFE INSURANCE – Part 1

Please print

(Page 1 of 7)

SECTION A Proposed Insured (or Annuitant) Information

1. First Name _____ MI _____ Last Name _____
2. Social Security # _____
3. Sex ☐ Male ☐ Female
4. Date of Birth (mm/dd/yyyy) _____
5. Place of Birth _____
6. Are you a U.S. citizen? ☐ Yes ☐ No (If no, please complete Foreign Travel and Residence Questionnaire)
7. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
8. Driver's License Number _____ Driver's License State _____
(if none, provide a government photo ID number, issuer and expiration date in Remarks section)
9. Address (Do not use P.O. Box) _____
City _____ State _____ Zip _____
10. How long at this address? _____ (If less than 2 years at current address, please provide prior address in Remarks section)
11. Home phone _____
12. E-mail address _____
13. Telephone Interview – if more information is needed, a representative may call you. Show the most convenient place and range of times for such a call weekdays between the hours of 9:00 a.m. and 9:00 p.m.
☐ Home ☐ Business ☐ Other – Phone _____ Times _____

SECTION B Employment Information

1. Name of Employer _____
2. Address _____
City _____ State _____ Zip _____
Business Phone _____ Business Web Site _____
3. If address is P.O. Box, include street address as well:
Address _____
City _____ State _____ Zip _____
4. Occupation _____
5. Job Title _____
6. Nature of Business _____
7. How many years at current job? _____ (If less than 2 years, please furnish all of the above information for the previous employer in the Remarks section)

SECTION C Pension Plan Information

1. Name of Pension Plan _____
2. Type of Pension Plan (e.g. Defined Benefit) _____
3. ☐ New Plan ☐ Existing Plan (New to Guardian) ☐ Additions or Increases to Existing Guardian Plan



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SECTION D Owner Information*(Complete only if the proposed insured is NOT to be the policyowner)*

1. Name of trust: _____
2. Tax ID No. _____
3. Relationship to proposed insured _____
4. Street Address _____
5. Telephone Number _____
6. Tax Qualified Plan? ☐ Yes ☐ No
7. Date of Trust _____
8. Complete Names of Authorized Trustees (Note, list all trustees if more than one) _____

SECTION E Beneficiary Information

Print full name and relationship to Proposed Insured. (Unless otherwise indicated, all Primary Beneficiaries who survive the Insured shall share equally. If no Primary Beneficiary survives the Insured, benefits will be paid in equal shares to the Contingent Beneficiaries, etc., if surviving the Insured, unless otherwise specified).

1. Primary Beneficiary _____

2. Contingent Beneficiary _____

SECTION F Existing Insurance/Replacement on Proposed Insured

Does the owner have any existing life insurance policies or annuity contracts in force on any of the proposed insureds? ☐ Yes (please list below) ☐ No *(If "Yes", please complete appropriate state replacement form for each such insured.)*

A. Life insurance policies

<u>Name of Company</u>	<u>Year Issued</u>	<u>Amount</u>	<u>Personal or Business</u>	<u>Accidental Death Amt</u>	<u>Waiver of Premium</u>	<u>GIO Amt</u>
_____	_____	_____	<input type="checkbox"/> Per. <input type="checkbox"/> Bus	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Per. <input type="checkbox"/> Bus	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Per. <input type="checkbox"/> Bus	_____	_____	_____

B. Annuity contracts

<u>Name of Company</u>	<u>Year Issued</u>	<u>Waiver of Premium</u>
_____	_____	_____
_____	_____	_____

SECTION G Proposed Insurance (for PTAA use next Section)

a. Plan of Insurance _____ Base Policy Face Amount \$ _____

b. Riders

Traditional Life/Term Riders (Notes: No riders are allowed in Defined Benefit Plans. Option Q and R riders are elected in the Dividends Section. Also, only the ADB, Waiver and EPUA riders are available on Guaranteed Issue products. If other riders are elected on a GI policy, they will not be issued with that policy.)

- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Premium (WP)
- ☐ Scheduled/Unscheduled Paid-Up Additions (EPUA) Rider ☐ Unscheduled Only Paid-Up Additions (EPUA) Rider
- If a Scheduled PUA Payment is desired, indicate annual amount \$ _____
- If an Initial PUA Payment is to be made, indicate amount (not including first Scheduled payment) \$ _____
- If Waiver of Specified Amount benefit is requested, indicate annual Specified Amount \$ _____
- ☐ Guaranteed Purchase Option (GIO)/Whole Life Purchase Option Option Amount: \$ _____
- ☐ Accelerated Benefit Rider (EABR/ABR) (please complete required disclosure form)
- ☐ 10 Year Annually Renewable Term (RTR-10) Term Amount: \$ _____
- ☐ DuoGuard (List names & amounts for Designated Lives. Complete a separate application for each Designated Life.)
- | Name of Designated Life | Amount | Name of Designated Life | Amount |
|-------------------------|----------|-------------------------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
- ~~☐ Exchange to Term Insurance ☐ Select Security Rider~~
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

Universal Life ~~and Variable Life~~ Riders

- ☐ Additional Sum Insured (Do NOT include this amount in Base Face Amount shown above) \$ _____
- ☐ Secondary Guarantee Coverage Rider ~~/Guaranteed Coverage Rider (for VUL GCR, elect coverage to age _____)~~
- ~~☐ Alternate Net Cash Surrender Value Benefit Rider~~
- ☐ Accidental Death Benefit (ADB) ADB Face Amount: \$ _____
- ☐ Waiver of Monthly Deductions
- ☐ Disability Benefit Rider Monthly Specified Amount: \$ _____
- ☐ Guaranteed Insurability Option Option Amount \$ _____
- ~~☐ Adjustable Annual Renewable Term Term Amount: \$ _____ ☐ Select Security Rider~~
- Accelerated Benefit Rider (EABR/ABR) (please complete required disclosure form)
- ☐ Other _____ \$ _____ ☐ Other _____ \$ _____

SECTION H Retirement Annuity

1. Type of Annuity ☐ Single Premium ☐ Annual Premium 2. Premium _____
3. Amount of Monthly Income _____ 4. Age Annuity Payments Begin _____
5. For Annual Premium Annuity: ☐ Front-End Load ☐ Back-End Load (Surrender Charge)
6. Guarantee Period: ☐ Life Only ☐ Ten Years
7. At Maturity, Income Payments Payable to: ☐ Owner ☐ Annuitant
8. For Annual Premium Annuities, include Waiver of Premium? ☐ Yes ☐ No (note, WP is only available if a Pension Trust Whole Life policy with Waiver of Premium is being issued at the same time on the annuitant listed).

SECTION I Dividend Options (for participating policies only)

- ☐ A- Paid in cash (cash will be paid to the Plan)
☐ B- Reduce premiums (This option should be elected for fully insured plans under IRC 412(e)(3))
☐ C- Left at interest (Complete W-9 form if elected)
☐ D- Paid-Up Additional Insurance (Option D will be the default option if no other is elected)
~~☐ F- Term Insurance face amount not in excess of cash value/Balance to purchase paid-up additional insurance~~
~~☐ G- Term Insurance face amount not in excess of cash value/Balance to reduce premium~~
~~☐ K- Deferred Additional Insurance (EMP plans only)~~
~~☐ L- Term Insurance face amount not in excess of twice face amount of basic policy/Balance to purchase paid-up additional insurance~~
~~☐ P- Term Insurance face amount not in excess of twice face amount of basic policy/Balance to reduce premium~~
☐ Q- One Year Term Insurance not to exceed Target Face Amount* of \$ _____
☐ R- One Year Term Insurance with Increasing Target Face Amount* Initial Target \$ _____
 ☐ Level Increases % _____ ☐ Compound Increases % _____
☐ S- Premium Offset – (available only if a PUA rider is requested. Premiums to be offset at the end of the first policy year by use of PUA rider additions and future dividends) ☐ with Target Face Amount* not to exceed \$ _____
☐ U- Loan Repayment/Balance to Paid-up Additions
☐ Other _____

* Do not include the base policy face amount in the Target Face Amount. Also, these dividend options are not available for Guaranteed Issue products or PTWL3. If these options are elected for ~~a GI product~~ these products, the default dividend option (D) will be used instead.

SECTION J Premiums

- Mode

☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly (list bill only – this may not be available for all products)
☐ Guard-O-Matic (complete the appropriate Request Form)
 ☐ New Service ☐ Add to my existing service Existing Policy Number _____
☐ Other _____
- Who is to pay premiums? _____
- Premium notices will be sent to the owner's address indicated in Section D unless indicated here: _____
- ~~Check here to elect For~~ List Billing ~~☐~~. ~~If checked, then, please~~ complete the following:

☐ New – Billing Name _____ Common billing date _____
☐ Existing account # _____
- Automatic Premium Loan (if available) ~~—~~ Select "No" for fully insured plans ☐ Yes ☐ No (if left blank, default will be Yes)
- Complete for ~~VUL~~ UL policies:

Initial Premium \$ _____ Planned Premium (at the mode indicated above) \$ _____
- ~~Prepayment~~ Payment of Initial Premium (The Pension Trust must be established prior to submitting money)

☐ No money is being submitted with this application.
☐ Money is being submitted with this application, in the amount of \$ _____ for proposed life insurance in the amount of \$ _____ in exchange for the Conditional Receipt providing proposed conditional coverage for this amount of insurance only. Please see the Conditional Receipt for the circumstances under which money can be paid with this application, and Item (3) under "Conditions" in the Receipt for rules pertaining to the amount of life insurance that can be entered above.

SECTION K Additional Information for UL Policies

- Death Benefit Option** (Note, not all options may be available with all policies)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Other _____
- Section 7702 Test** (Note, the choice of 7702 Test may not apply to all policies)

Section 7702 of the Internal Revenue Code defines Life Insurance and specifies the rules under which the growth of life insurance policy cash values are excludible from gross income. If the plan being applied for provides a choice of test under 7702 to qualify the policy as life insurance, please check one of the tests shown below. Once a test is elected, it cannot be changed. If there is a choice of Test and none is elected, the Guideline Premium Test will be used.

☐ Guideline Premium Test ☐ Cash Value Accumulation Test

SECTION L Actively At Work (Complete only for Guaranteed Issue policies)

1. Is the Proposed Insured currently employed by the Employer named above and currently engaged in active, full-time work (of at least 30 hours per week) in a normal capacity, at his/her customary place of employment?
☐ Yes ☐ No (Please provide details of any "no" answer)
2. During the 90 days preceding the date of this application, has the Proposed Insured been absent from work due to illness or injury (not including vacation, normal non-working days, or holidays) for either more than 3 consecutive days or more than a total of 5 days?
☐ Yes ☐ No (Please provide details of any "yes" answer)

SECTION M Simplified Underwriting Questions (Complete only for Simplified Issue policies)

These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers.

1. Height _____ Weight _____
2. Within the past ten years, have you been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any deficiency of the immune system such as Human Immunodeficiency Virus?..... ☐ Yes ☐ No
3. Have you ever had, been treated for or received a consultation or counseling for:
- i. Heart disease, stroke, chest pain, elevated blood pressure, heart murmur or any other disease or disorder of the heart or blood vessels?..... ☐ Yes ☐ No
- ii. Respiratory disorder, kidney disorder, diabetes, mental or emotional problems, disorder of the liver or other gastrointestinal organs, cancer or tumor of any kind, anemia or other disorder of the blood, disorder of the nervous systems or disorder of the reproductive organs?..... ☐ Yes ☐ No
- iii. Any condition not covered in (i) or (ii)? ☐ Yes ☐ No
4. Are you currently receiving medical care or taking medication? ☐ Yes ☐ No
5. Have you been advised within the past 5 years to have any diagnostic test, hospitalization, or surgery which has not been completed?..... ☐ Yes ☐ No
6. Have you ever used drugs other than as prescribed by a physician or had or been advised to have counseling or treatment for alcohol or drug use? ☐ Yes ☐ No
7. Have you smoked cigarettes in the past 12 months? ☐ Yes ☐ No
 (if you have quit, date last used: _____)
8. Have you used tobacco in any form in the last 24 months?..... ☐ Yes ☐ No
 If "No", have you used tobacco in any form in the last 48 months?..... ☐ Yes ☐ No
 (if you have quit, date last used: _____)
9. Do you currently use a nicotine patch or nicotine gum?..... ☐ Yes ☐ No
10. Within the last three years have you participated in, or do you intend to participate in, any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; or motor vehicle racing? (If yes to any, complete Aviation and/or Avocation Supplement.) ☐ Yes ☐ No

SECTION N Personal History of the Proposed Insured (Complete for Fully Underwritten policies)

(These questions apply to the Proposed Insured. Please provide details in Remarks section for any "yes" answers.)

1. Do you intend to change your occupation?..... ☐ Yes ☐ No
2. Do you intend to reside or travel outside of the U.S.?..... ☐ Yes ☐ No
3. Within the past five years, have you been charged with and/or convicted of any motor vehicle moving violations or had your driver's license suspended or revoked? (If yes, details must include date of violation, description of violation and penalty.)..... ☐ Yes ☐ No
4. Within the last ten years, have you been convicted of a felony, or is such a charge pending against you?..... ☐ Yes ☐ No
5. Within the last three years have you participated in, or do you intend to participate in, any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; or motor vehicle racing? (If yes to any, complete Aviation and/or Avocation Supplement.) ☐ Yes ☐ No
6. Have you ever filed for personal or business bankruptcy? (If yes, give full details and date of discharge in Remarks section.) ☐ Yes ☐ No
7. Within the past five years, have you had disability, accident, medical or life insurance declined, postponed, modified, rated, cancelled or withdrawn a pending application, or had a renewal or reinstatement refused? ☐ Yes ☐ No

8.	Have you smoked cigarettes in the past 24 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	(If you have quit, date last used: _____)		
9.	Have you used tobacco in any form in the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	If "No", have you used tobacco in any form in the last 24 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	If "No", have you used tobacco in any form in the last 48 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
	(If you have quit, date last used: _____)		
10.	Do you currently use a nicotine patch or nicotine gum?.....	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you plan to apply for or are you currently applying for any other life, disability or accident insurance? (In details, include amount and company applied with, and whether this other insurance will be in addition to or in lieu of insurance with Guardian.)	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

*Note: This section may only be used if **no** cash is being paid with the application. If cash is being paid, a separate application is needed for the alternate or additional plan.*

Details (Riders, Benefits, Dividend Option, etc.):

PT-AP-2011 AR

Application For Life Insurance – Part I (continued)

Representations of the Proposed Insured and Owner

(Page 7 of 7)

Those parties who sign below, agree that:

1. This application, (Part 1, Part 2, the SI or GI Consent Forms, if applicable, the Census, if applicable, and any other supplements to the application) will form the basis for, and become part of and attached to, any policy issued.
2. That all of the statements that are part of the application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them.
3. No agent, broker or medical examiner has any right to accept risks, make or change contracts, or to waive or modify any of the Guardian's rights or requirements. No information acquired by any Representative of the Guardian shall bind the Guardian unless it shall have been set out in writing in this application.
4. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment or may lead to rescission of any policy that is issued based on this application.
5. The policy date is the date from which premiums are calculated and become due. The effective date is the date the policy is delivered and the first premium is paid. Except as provided in the Conditional Receipt (if an advance payment has been made and acknowledged and such Receipt issued) coverage does not begin until the effective date assuming the first premium is paid during the lifetime and prior to any change in the health of the Proposed Insured.
6. Changes or corrections made by the Guardian and noted in the "Amendments or Corrections" section are ratified by the Owner upon acceptance of a policy containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.
7. By paying premiums on a basis more frequently than annually, the total premium payable during one year's time will be greater than if the premium were paid annually. That is, the cost of paying annualized periodic premiums will be more than the cost of paying one annual premium.
8. ☐ Check here if backdating to save age is being requested. Note that a request to backdate to save age can only be honored if permitted by state law. If not backdating to save age, but a specific policy date is being requested, please enter date here: _____

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed by Owner at: _____ on _____
City and State mm/dd/yyyy

X _____
Signature of Applicant/Owner if Other than Proposed Insured

X _____
Signature of Additional Owner

X _____
Signature of Proposed Insured

Date of Signature for Proposed Insured

X _____
Signature of Additional Owner

Witness (for applications taken by mail)

- ☐ Check here if this application was taken by mail. If application is taken by mail, the signature of the agent does not attest to the signature of the Proposed Insured or Owner if Other than the Proposed Insured.
- ☐ Check here if this application was taken in person. I certify that I have taken this application in the presence of the Proposed Insured and Owner (if Other than the Proposed Insured), and that I have truly and accurately recorded on this application the information supplied by the Proposed Insured and Owner (if Other than the Proposed Insured).

Signature of Licensed Agent

License Number(s)

Agent's Name

State(s) where licensed